



How to embed inclusive governance in CARE's response to COVID-19

Inclusive Governance COVID-19 Toolbox

Experience shows us that **pandemics require a 'whole of society approach'**.¹ This means enhanced cooperation between state, local government and non-state institutions, particularly community committees – including women's and other marginalised groups. **CARE is well-placed to facilitate multi-stakeholder collaboration for an inclusive and accountable COVID-19 response.**

Our inclusive governance approach is also the glue for effective triple nexus (integrated humanitarian-development-peacebuilding) programming. This means strengthening formal and informal systems of governance and placing gendered political economy and power analysis at the centre of our work, ensuring we are able to be adaptive and to think and work politically.

This note is divided into three parts:

1. **Five priorities** for embedding inclusive governance in CARE's COVID-19 response
2. A one-page summary of **what an inclusive governance response should include** in the emergency phase, and then in the stabilisation to recovery phase of the crisis
3. A **Toolbox of Resources** to support operationalisation of this guidance.

For an overview of **potential governance scenarios** (risks and opportunities) for consideration when planning your COVID-19 response across all of CARE's regions and impact areas, please refer to '[COVID-19: impact on inclusive governance and implications for programming](#)'. This document also includes detailed guidance on how to embed an inclusive governance approach as part of CARE's COVID-19 immediate and longer-term response.

This guidance note links to several documents stored on CARE Shares, CARE's global knowledge management platform. For those offices that cannot yet access CARE Shares, all relevant documents on CARE Shares can also be accessed [here](#).

PART I: Five Inclusive Governance Priorities for CARE's COVID-19 Response

1. Support local governance structures and inclusive planning

Experience shows us that **functioning local governance systems** have been critical during previous outbreaks, and that pandemics require a 'whole of society approach'.²

- CARE should support the integration of local recovery needs into inclusive local and national planning processes and context-specific response plans.
- Using CARE's political economy analysis and participatory planning and budgeting tools, our added value is to ensure the participation of and budget allocation to the most vulnerable communities.

At the local level, working effectively **across hybrid formal-informal governance structures** is critical.

- In fragile and conflict-affected contexts, where the state may already be weak or absent, the first step is understanding informal structures for decision-making, coordination, accountability and service provision.
- In all cases, building on existing structures and looking beyond traditional forms of decision-making (that can often be patriarchal and exclusive in nature) is key.

2. Centralise Women's Voice and Leadership

Women's voice and leadership in emergency and nexus programming is at risk of being deprioritised.

- CARE's Women Lead in Emergencies Model and Toolkit (forthcoming) should be used to support the participation of grassroots women's groups (e.g. faith-based groups, VSLAs, self-help groups, EKATA or REFLECT groups) in emergency response and decision-making.³
- As contexts move beyond immediate crises, CARE should draw on our wider **Women's Voice and Leadership framework** to support enabling environments for women to engage in public and political decision-making spaces. We should also be identifying opportunities now, formed by this crisis, for women to take up these leadership roles.
- In addition, CARE should consider how we may create an enabling environment for our partners, including women's rights organisations, to cope and adapt to this crisis.

3. Promote Equal Access to Information

Understanding **information asymmetry (imbalance in access to information)** and how this impacts on different populations' ability to cope, participate and recover is critical for inclusive governance of an effective COVID-19 response.

- CARE must ensure women and marginalised groups have access to the right, gender-responsive information for their needs and rights.
- We must also inform and monitor the use of technology, traditional and social media, as an inclusive tool for effective communication, as part of our community engagement strategies.
- CARE must actively share gender/age-disaggregated data that reflects the voice and needs of women and marginalised communities with decision makers. This could include **SMS messages** to gather information on community needs and/or **digitising existing and new community score card (CSC) data via CARE's CSC App**.
- By ensuring the data is disaggregated, CARE can provide large-scale data sets on the needs of women and marginalised groups for an inclusive COVID-19 response.

4. Build Trust and Accountability

We know from Ebola, SARS and other epidemics that trust between state (or power holder) and citizen is crucial for an effective response. This requires clearly defined duties and obligations, as well as explicit investment in mechanisms for trust building, accountability and information sharing.

In the **immediate emergency response phase**:

- CARE should input into coordination response processes, ensuring clear lines of responsibilities and accountabilities across state and non-state sectors;
- Establish rapid feedback mechanisms for responsive and adaptive programming;
- Facilitate inclusive community engagement and communication strategies that are responsive to gender, disability and age-based needs; and
- Ensure transparent communication and monitoring of CARE's institutional accountability, in line with the [CARE Accountability Framework](#) and wider humanitarian commitments.

As response plans become operationalised, CARE should play a lead role in holding decision-makers to account for their performance on gender regarding COVID-19 response policies and commitments.

In the **transition to stabilisation and 'recovery' phase:**

- CARE should **integrate the community score card (CSC) within our larger humanitarian approach.** This allows us to adapt this powerful process to generate locally driven humanitarian solutions and lines of accountability. Here, CARE should build local leadership in our COVID-19 response by supporting women and girls' leadership in designing and implementing the CSC.
- We should train government staff and local leaders on social accountability principles and CSC approaches and work with local and national governments to adapt the CSC for integration into humanitarian response. The CSC digital application can be integrated in these trainings.
- CARE should support civic or state monitoring processes such as gender budget monitoring, public expenditure tracking or media reporting. It could also include providing institutional support to government ministries (e.g. ministries for women or planning) to be open and transparent and monitor their own internal performance in this regard.
- In the longer term, using evidence from monitoring and accountability processes, CARE should work with **issue-based coalitions and t social movements** in support of local and national campaigns that demand COVID-19 recovery that is inclusive and accountable to citizens' needs.

5. Build Social Cohesion

CARE recognises the increased risks of conflict and violence at multiple levels due to this, and potential future, pandemics. Building collective social capital and facilitating social cohesion for greater resilience to shocks will therefore be critical aspects of CARE's COVID-19 response.

- CARE should ensure Do No Harm and conflict sensitivity are embedded in all our work.
- We should take an integrated and participatory approach to analysis (political economy, gender, social and conflict) to understand the contextual implications of this pandemic at an individual, household, community, societal and systemic level.
- CARE should provide, where possible, protection to the most vulnerable, whether it be from gender-based violence or religious/ethnic-based discrimination.
- We should facilitate, where appropriate, collective analysis, planning and implementation around shared needs and interests of stakeholders to build social cohesion and shared benefits in recovery.

PART II: Overview of an Inclusive Governance COVID-19 Response

Early Response (Emergency phase and ongoing)	Medium-term Response (Stabilisation to Recovery phase)
<ul style="list-style-type: none"> • Carry out a Rapid Gender Analysis on Power to understand power dynamics, local needs and capacities. • Ensure inclusive utilisation of technology to facilitate information sharing for: <ul style="list-style-type: none"> ○ inclusive targeting of COVID-19 response ○ awareness-raising on sanitation and protection needs, and ○ identification of weaknesses in health or food systems delivery. • Input into coordination response processes, ensuring clear lines of responsibilities and accountabilities across state and non-state sectors. • Facilitate inclusive community engagement and communication strategies that are responsive to gender, disability and age-based needs. • Apply CARE’s Women Lead in Emergencies approach to enable women’s groups to do their own analysis and decide their own priorities and strategies. • Establish effective and rapid feedback mechanisms for responsive and adaptive programming. • Undertake capacity assessments of formal and informal local governance structures on their ability to absorb resources as the pandemic evolves. • Apply Do No Harm principles throughout. • Ensure clear, transparent communication and monitoring of CARE’s own institutional accountability, in line with the CARE Accountability Framework and wider humanitarian commitments. 	<ul style="list-style-type: none"> • Carry out a gendered Political Economy Analysis (PEA) to understand power dynamics, local needs and capacities. See CARE’s PEA Cheat Sheets. • Facilitate participatory planning and budgeting for inclusive participation in context-specific, medium-term response plans. • Facilitate social accountability processes between service users and providers to identify needs, service delivery blockages and opportunities, and to agree collective action plans for action and accountability – ensuring women are central to the design. • Apply CARE’s Women’s Voice and Leadership framework to support enabling environments for women to engage in public and political decision-making spaces. • Identify new opportunities for women to take up leadership roles, formed by this crisis, by working with our partners. • Monitor government performance on gender and inclusion regarding COVID-19 response policies and commitments, by supporting civic and state monitoring processes. • Promote longer-term COVID-19 recovery that is inclusive and accountable to citizens’ needs, by accompanying issue-based coalitions, national campaigns and supporting social movements. • Apply conflict sensitivity principles to build collective social capital and cohesion for greater resilience to shocks that have, and will be, caused by the pandemic.

PART III. Inclusive Governance COVID-19 Toolbox

SUPPORT LOCAL GOVERNANCE STRUCTURES & INCLUSIVE PLANNING	
Understanding power dynamics	<p>Response phase:</p> <ul style="list-style-type: none"> • Rapid Gender Analysis guidance • Rapid Gender Analysis during COVID-19 Guidance Note <p>Stabilisation to Recovery phase:</p> <ul style="list-style-type: none"> • Political Economy Analysis Cheat Sheets, 2019 • Putting Gender in Political Economy Analysis, 2018 • Political Economy Guidance Note, 2016 • Overview of Power Analyses
Participatory planning and budgeting	<ul style="list-style-type: none"> • Participatory Planning and Budgeting Product Sheet • Community Driven Development and Community Action Plans
Local governance responsiveness	<ul style="list-style-type: none"> • Building Institutional Responsiveness: Citizen's Charters and Local Governance Performance Assessments
PROMOTING INCLUSIVE ACCESS TO DATA	
Open data sharing	<p>Data collection and aggregation tools to highlight the needs of women and most marginalised:</p> <ul style="list-style-type: none"> • Introduction to the Community Score Card (CSC) App • CARE's CSC Digitisation Roadmap • Digitising CSC Data Fundraising Pack
CENTRALISING WOMEN'S VOICE & LEADERSHIP	
Women Lead	<ul style="list-style-type: none"> • CARE's Women Lead in Emergencies Model and Toolkit (forthcoming) • Women Lead in Emergencies overview • WLiE Pilot report: Tropical Cyclone Gita Kingdom of Tonga
Women's Voice and Leadership	<ul style="list-style-type: none"> • CARE's Women's Voice and Leadership Framework (forthcoming) • Gender Marker Mini-Guides (English; French; Arabic; Spanish) • Gender transformative partnerships in emergencies • Resiliency Framework: A Practical Guide for Civil Society to Thrive in Uncertainty, CIVICUS and Partners Global, 2019
BUILDING TRUST & ACCOUNTABILITY	
Feedback Mechanisms	<ul style="list-style-type: none"> • MEL Feedback and Accountability Mechanisms Guidance Note • CARE's Approach to Adaptive Management
Community engagement and communication	<ul style="list-style-type: none"> • WHO Toolkit on Community Engagement and Communication Strategies • COVID-19: How to include marginalized and vulnerable people in risk communication and community engagement, IFRC, 2020
Institutional accountability	<ul style="list-style-type: none"> • CARE's Institutional Accountability Framework
Social accountability processes	<ul style="list-style-type: none"> • Social Accountability Product Sheet • Social accountability tools: Community Score Card and Social Audits
Monitoring Tools	<ul style="list-style-type: none"> • Budget monitoring guidance
Advocacy and social movements	<ul style="list-style-type: none"> • Supporting social movements guidance note • Global Advocacy Handbook • COVID-19 Advocacy position paper
BUILDING SOCIAL COHESION	
Do No Harm and Conflict Sensitivity	<ul style="list-style-type: none"> • Conflict Sensitive Approaches to Development, Humanitarian Assistance and Peacebuilding Resource Pack • Do No Harm Framework • Gender and Do No Harm

Contact

- **Global/general enquiries:** Lindsay Alexander (lalexander@careinternational.org)
- **Asia-Pacific region-specific enquiries:** Abid Gulzar (gulzar@careinternational.org)
- **Africa region-specific enquiries:** Moses Ngulube (ngulube@careinternational.org)
- **Women's Voice & Leadership enquiries:** Tam O'Neil (oneil@careinternational.org)
- **Adaptive Management enquiries:** Charlotte Heales (heales@careinternational.org)
- **Communications & Knowledge Management:** Rebecca Wilton (rwilton@careinternational.org)

ENDNOTES

¹ J. Schwartz and M. Y. Yen, "[Toward a collaborative model of pandemic preparedness and response: Taiwan's changing approach to pandemics](#)," *Journal of Microbiology, Immunology and Infection* 50, no. 2 (April 2017): 125-132.

² Schwartz and Yen, "[Toward a collaborative model of pandemic preparedness and response](#)."

³ Note: In the emergency response phase, the Women Lead approach can only be applied in contexts where we are already working with women's groups.